

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SEARCH NO.

FILING DATE

10/55068P
APPLICANT

CLAIMS

	AS FILED				AFTER 1 st AMENDMENT				AFTER 2 nd AMENDMENT					
	IND.		DEP.		IND.		DEP.		IND.		DEP.			
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1			1						51					
2			1						51					
3			1						53					
4			1						54					
5			1						55					
6			1						56					
7			1						57					
8			1						58					
9			1						59					
10			1						60					
11			1						61					
12			1						62					
13			1						63					
14			1						64					
15			1						65					
16			1						66					
17			1						67					
18			1						68					
19			1						69					
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27			1						77					
28			1						78					
29			1						79					
30			1						80					
31			1						81					
32			1						82					
33			1						83					
34			1						84					
35			1						85					
36			1						86					
37			1						87					
38			1						88					
39			1						89					
40			1						90					
41			1						91					
42			1						92					
43			1						93					
44			1						94					
45			1						95					
46			1						96					
47			1						97					
48			1						98					
49			1						99					
50			1						100					
TOTAL REQ.			3						TOTAL REQ.					
TOTAL DEP.			1						TOTAL DEP.					
TOTAL CLAIMS			14						TOTAL CLAIMS					

PTO-1369 (REV. 3/13)

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